



MONSON MASSACHUSETTS

MADELINE GOODRICH *Treasurer/Human Resource Director*
AUDRA STAPLES *Assistant Treasurer/Human Resource Assistant*
Phone: 413-267-4125 Fax: 413-238-6127

APPLICATION FOR EMPLOYMENT

The Town of Monson is an equal opportunity employer. The Town of Monson does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law. No question on this application is intended to secure information to be used for such discrimination.

To be sure that your application is properly evaluated, all questions should be answered clearly, completely and accurately in your own handwriting. If you need more space, please attach a separate sheet. Please print and use ink.

PERSONAL INFORMATION

Name	Last	First	Middle
Address	Number	Street	City State Zip Code
Mailing Address	Street	City	State Zip Code
Telephone		Social Security Number	
Position(s) Desired			
Salary desired		Date Available	

GENERAL INFORMATION

Is there any type of work which your physician has advised you not to perform? If yes, please explain.

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By whom or what source were you referred to us?

☐ Self ☐ Agency ☐ School/
Collage ☐ Newspaper/
Publication ☐ Employee
Referral Name ☐ Other

If employed and you are under 18, can you furnish a work permit?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed an application here before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date	
Have you been employed here before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date	
Are you employed now?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	May we contact your present employer?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, what type of visa do you hold?		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed From To		Work Performed
	Address			
	Job Title	Hourly Rate/Salary Starting Final		
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed From To		Work Performed
	Address			
	Job Title	Hourly Rate/Salary Starting Final		
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed From To		Work Performed
	Address			
	Job Title	Hourly Rate/Salary Starting Final		
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed From To		Work Performed
	Address			
	Job Title	Hourly Rate/Salary Starting Final		
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

May we contact your present employer?

☐ Immediately ☐ After acceptance of employment ☐ No If No, give reason _____

If applying for a clerical position, please answer the following questions:

Can you type? _____ (W.P.M.) Do you take shorthand? _____ (W.P.M.)

Have you used a computer? _____ If yes, what software? _____

Describe other training, certifications, permits or experience applicable to the job you are seeking.

EDUCATION

High School			Circle last Year completed	
Complete Address			1 2 3 4	
Dates Attended	From	To	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Course

College			Major Course of Study		Circle last Year completed
Complete Address					1 2 3 4
Dates Attended	From	To	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Certificate Received	

Other Schools or Specialized Training			Major Course of Study		Circle last Year completed
Complete Address					1 2 3 4
Dates Attended	From	To	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Certificate Received	

Scholastic Honors, Scholarships, Etc.

Do you intend to continue your education? If yes, give details.

SEALED RECORD NOTICE

Have you ever been convicted of a felony?

☐ Yes ☐ No If Yes, please explain:

You may omit any information or answer "no record" to the following questions regarding: 1. A first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace; or 2. Any conviction where there is a sealed record on file with the commissioner of probation or in any case of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

A conviction record would not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Have you been convicted of

A misdemeanor within the

Past five years? ☐ Yes ☐ No If yes, please explain

REFERENCES

Give below the name of three persons NOT RELATED TO YOU whom we may contact for work references

Name	Address	Occupation	Years Acquainted

AGREEMENT

Please read before signing

NOTE: If you have any questions regarding the following statement, please ask the Personnel Representative before signing.

I understand that receipt of this application and the granting of an interview does not imply that I will be employed.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I understand that any offer of employment is conditioned upon satisfactory replies from my references and that employment is for no stated term and may be terminated by me or the Town of Monson at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide the Town of Monson with any relevant information which may be required to arrive at an employment decision and I voluntarily release such persons, schools, employers and organizations from all liability for providing such information. I release the Town of Monson against any liability which might result from requesting such information.

Signature: _____ Date _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

For Personnel Department Use Only

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks _____		
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Employment		Interviewer _____
Job Title _____	Hourly Rate/Salary _____	Date _____
By _____		Department _____
Name and Title		Date

Voluntary Civil Rights Form

The following information is requested by the Federal Government in order to monitor our compliance with various civil rights laws. You are not required to furnish this information, but are encouraged to do so. The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel and is used to further equal employment opportunity policies. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note the race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. Your cooperation is appreciated.

I do not wish to furnish this information ☐

Ethnicity	Hispanic or Latino	_____	Sex	Male	_____
	Not Hispanic or Latino	_____		Female	_____

THEN

Race	American Indian/Alaskan Native	_____
	Asian	_____
	Black or African American	_____
	Native Hawaiian	_____
	White	_____

In accordance with federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. (Not all prohibited basis apply to all programs). To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800)795-3272 (voice) or (202) 720-6382 (TDD).
